

# CHARACTER REPORT



Filing a Character Report begins the background investigation for examination applicants. It does not have to be filed with your Application for Admission by Examination as it is not required in order for you to sit for the bar examination. Additionally, the Character Report is not subject to filing deadlines or late fees.

There is no precise time period for processing as every applicant's background is different, but the initial investigation requires at least three to four months, followed by Committee assessment.

Fees for processing your Character Report are separate and additional, and established by Administrative Order of the Supreme Court. The fees are indicated on the cover page.

Arizona is a participant in the National Conference of Bar Examiners' national databank which cross-checks applicants as to filed Applications for Admission and Character Reports and/or admissions in other jurisdictions. Also note that Arizona reviews credit history of all applicants.

Instructions for completing your Character Report follow the cover page. You are not exempt from responding to any of the questions within the Character Report, and your failure to respond will delay processing and your subsequent admission to practice.

Complete the Character Report and all required forms, and then make two photocopies. Submit the original and one photocopy with applicable fee to the Committee on Character and Fitness. Retain the other photocopy for your files.

During the investigation process, you may be asked for additional information or clarification to your responses and information in the Character Report. Respond promptly. The Committee will abandon processing of your Character Report if you fail to respond.

It is your responsibility to amend or clarify your application and/or character report and to apprise this Committee of all material changes occurring from time of filing until your date of admission. In accordance with Supreme Court Rule 42, Rules of Professional Conduct ER 8.1 (a), an applicant for admission shall not (a) knowingly make a false statement of material fact; or (b) fail to disclose a fact necessary to correct a misapprehension known by the person to have arisen in the matter, or knowingly fail to respond to a lawful demand for information from an admissions or disciplinary authority.

# CHARACTER REPORT

February 20 \_\_\_\_\_ July 20 \_\_\_\_\_ Examination

Print clearly in the name and address block below. You will receive a photocopy of this page as receipt of your Character Report. Call 602-452-3971 if you do not receive this receipt within fourteen (14) days of mailing or filing.

↓ IN BLACK INK, PRINT FULL NAME AND ADDRESS ↓


## Character Report Fees

- ☐ **\$200** Not yet graduated. Or, graduated but not admitted elsewhere. Or, admitted elsewhere for less than one year at time of filing the Character Report.
- ☐ **\$500** Admitted elsewhere for one year or more at time of filing the Character Report.
- ☐ **\$525** Member of a bar of a foreign country seeking to be licensed as a Foreign Legal Consultant in Arizona.
- ☐ **\$125** Supplement to a previously filed Character Report which was processed by Arizona within the last three years. The entire Character Report must be completed.

Complete and return **with applicable fee and one photocopy of your report** as soon as possible. Make a photocopy for your own files. Average investigation time is three to four months, followed by assessment by the Committee on Character and Fitness.

During the investigation process, you may be asked for additional information. Respond promptly. It is your responsibility to amend or clarify your application and/or character report and to apprise this Committee of all material changes occurring from time of filing until your date of admission. In accordance with Supreme Court Rule 42, Rules of Professional Conduct ER 8.1 (a), an applicant for admission shall not (a) knowingly make a false statement of material fact; or (b) fail to disclose a fact necessary to correct a misapprehension known by the person to have arisen in the matter, or knowingly fail to respond to a lawful demand for information from an admissions or disciplinary authority.

- ☐ Check or Money Order # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_
- ☐ Credit Card # \_\_\_\_\_ \$ \_\_\_\_\_

☐ VISA ☐ MasterCard Expiration Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

<b>SUBMIT ORIGINAL, ONE PHOTOCOPY AND FEES TO:</b> Committee on Character and Fitness Supreme Court of Arizona 1501 W. Washington, #104, Phoenix, AZ 85007	Date Received:
	Logged/Filed by:

# CHARACTER REPORT - EXAMINATION APPLICANTS

## DIRECTIONS

**Your Character Report *MUST BE COMPLETE AT THE TIME OF SUBMISSION*, including all supplemental forms and documents. *DO NOT* submit an incomplete report; it will be rejected.**

- Answer every question
- Type your answers or print legibly using black ink
- Provide correct street names, numbers and ZIP codes; inaccuracies will delay the investigation
- Indicate dates in numerals, i.e. April 21, 1988 is 4/21/88
- Avoid abbreviations, especially those that are not self-explanatory
- If you need more space, use a separate sheet of paper identified with the question number
- Some questions require a “yes” or “no” answer. Check “yes” or “no” to indicate your answer. A “no” response to certain questions will allow you to skip to other questions. Mark the “no” before you proceed.
- Complete Forms 1-7 only after you have answered the questions that relate to these forms
- Sign and notarize Page 15 and the Authorization and Release

**The Committee expects you to spend the time necessary to provide accurate and complete answers. You are required to swear/affirm before a notary public that this document is true and complete in all respects, and you will be held in strict compliance with this declaration.**

**The investigation is considered to be open and ongoing until at least such time that you are successful on the attorney admission examination. No status will be provided prior to that date.**

The provision of your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. However, provision of your social security number assists in expediting the character review process. Your social security number will be used for purposes of investigation and verification, so as to avoid errors of identity which might cause problems and delays in the certification and licensure process. You must notify us in writing if you wish to restrict the use of your social security number.

**Submit the original and one photocopy to:**

Committee on Character and Fitness  
Arizona Supreme Court  
1501 West Washington, Suite 104  
Phoenix, Arizona 85007

Telephone: (602) 452-3971

Fees payable to: **Arizona Supreme Court**

**Retain another copy for your future reference, as we may contact you for clarification.**

Amendments/supplements to your Character Report must be in writing.

If you move or change your telephone number(s), notify us immediately in writing.

**Investigation time for Character Reports averages three to four months.**

# CHARACTER REPORT

## EXAMINATION APPLICANTS

Name \_\_\_\_\_

First	Middle	Last	Social Security Number

1. List below all the other names or surnames you have used or been known by and describe when, how, and why your name was changed (e.g., marriage or divorce). If a change was made in a judicial or naturalization proceeding, enclose an exact and complete copy of the order or other evidence of change.

First, Middle, Last Name	Used from	Used to	Reason(s) for change
_____	Year _____	Year _____	_____
_____	Year _____	Year _____	_____
_____	Year _____	Year _____	_____

2. Gender: ☐ Male ☐ Female

3. Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Place of birth (City, State, Country): \_\_\_\_\_

- 5. Citizenship:** ☐ Citizen of USA ☐ Not a Citizen of USA

**A.** If a citizen of the USA, provide a legible copy of one of these documents: 1) birth certificate issued in a US state, territory or possession; 2) US passport identification page; 3) valid driver's license issued by a US state within the past ten years; 4) non-license identification card issued by a US state within the past ten years; 5) I-9 form with photograph, or 6) US certificate of naturalization.

**B.** If not a citizen of the USA, what is your immigration status? \_\_\_\_\_

**C. If not a citizen of the USA, provide copies of official documentation of immigration status.**

**6. Telephone numbers:**

( ) \_\_\_\_\_ Day                      ( ) \_\_\_\_\_ Evening                      ( ) \_\_\_\_\_ Cell

**7. Address:**

Check if address is ☐ Residence or ☐ Business

If business, name of firm \_\_\_\_\_

Address \_\_\_\_\_ Apartment/Suite \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

☐ CHECK HERE IF THIS IS A NEW ADDRESS TO BE REFLECTED ON YOUR RECORDS WITH THE COMMITTEE.

- 
8. List the **city and state of every permanent and temporary residence** in which you have lived during the **last ten years or since age 21, whichever is shorter**. Commence with your current address and list in reverse chronological order. **Exact street address is not required but the city, state, zip code and dates are required.** *Make additional copies of this page as necessary.*

**Current Address**      **From Mo/Yr** \_\_\_\_\_ **To Present**

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

❖      **From Mo/Yr** \_\_\_\_\_ **To Mo/Yr** \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

❖      **From Mo/Yr** \_\_\_\_\_ **To Mo/Yr** \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

❖      **From Mo/Yr** \_\_\_\_\_ **To Mo/Yr** \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

❖      **From Mo/Yr** \_\_\_\_\_ **To Mo/Yr** \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

❖      **From Mo/Yr** \_\_\_\_\_ **To Mo/Yr** \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

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9. Indicate whether or not you have been a member of the armed forces of the United States, its reserve components or the National Guard.

- ☐ I have never been a member of the armed forces. (Go to question 10)
- ☐ I am presently a member of the armed forces. (Complete A, B and C)
- ☐ I was previously a member of the armed forces. (Complete A, C and D)

A. Check all that apply:

	Air Force	Army	Coast Guard	Marine Corps	Navy
Regular armed forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserve components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My serial number is/was: \_\_\_\_\_ My rank is/was: \_\_\_\_\_

Dates of service: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

B. FOR ACTIVE AND RESERVE PERSONNEL ONLY: Check: ☐ Active ☐ Reserve

Present duty station

\_\_\_\_\_

Address \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_

Name of commanding officer: \_\_\_\_\_

C. While a member of the armed forces of the United States:

Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) ..... ☐ Yes\* ☐ No

Were you ever court-martialed? ..... ☐ Yes\* ☐ No

D. While a member of the armed forces of the United States:

Were you discharged? ..... ☐ Yes ☐ No  
(If yes, enclose a copy of Report of Separation DD Form 214)

Did you receive an honorable discharge? ..... ☐ Yes ☐ No\*

Were you administratively discharged? ..... ☐ Yes\* ☐ No

Were you allowed to resign in lieu of court-martial? ..... ☐ Yes\* ☐ No

\* On a separate sheet of paper provide an explanation of the circumstances surrounding the occurrence.

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10. List the following information for the colleges or universities **other than law schools** from which you graduated, including the name of the campus if the school had more than one. List colleges beginning with the most recent.

*Make as many additional copies of this page as necessary.*

College \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If so, what Degree? \_\_\_\_\_ Date \_\_\_\_\_



College \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If so, what Degree? \_\_\_\_\_ Date \_\_\_\_\_



College \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If so, what Degree? \_\_\_\_\_ Date \_\_\_\_\_

- 
11. List all **law schools** you attended, including the name of the campus if the school had more than one. Mark ND if you did not receive a degree. List law schools beginning with the most recent.

*Make as many additional copies of this page as necessary.*

Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree \_\_\_\_\_



Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree \_\_\_\_\_



Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree \_\_\_\_\_

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12. Have you ever at any time been dropped, suspended, expelled or disciplined by any school or college for any cause whatever, including scholastic deficiency?

☐ Yes ☐ No

If yes, provide:

Name of School: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Detailed description of cause for discipline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Disposition: \_\_\_\_\_ Date of disposition: \_\_\_\_\_

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13. Have you ever at any time been questioned or accused with respect to cheating, plagiarism or honor code violation in the course of your schooling, or elsewhere?

☐ Yes ☐ No

If yes, provide:

Name of School (or other): \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Name of accuser: \_\_\_\_\_

Detailed description of the situation in which accusation occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcome \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**14A.** List every state or foreign country to which you have ever at any time submitted an application to be admitted by examination, motion or diploma privilege, or to be reinstated to the bar (even if the application was subsequently withdrawn). On an attached sheet, provide a brief narrative explanation of the circumstances surrounding any withdrawals of applications or failures to be admitted (other than failing the examination). *Make as many additional copies of this page as necessary.*

If none, check here ☐ and go to Question 15.

Not admitted because:

State or foreign country \_\_\_\_\_

Applied for admission (Mo/Yr) \_\_\_\_\_

☐ Failed exam

Date of examination for which you sat (Mo/Yr) \_\_\_\_\_

☐ Withdrew

Admitted or readmitted (Mo/Day/Yr) \_\_\_\_\_ Bar Number \_\_\_\_\_

☐ Other \_\_\_\_\_



State or foreign country \_\_\_\_\_

Applied for admission (Mo/Yr) \_\_\_\_\_

☐ Failed exam

Date of examination for which you sat (Mo/Yr) \_\_\_\_\_

☐ Withdrew

Admitted or readmitted (Mo/Day/Yr) \_\_\_\_\_ Bar Number \_\_\_\_\_

☐ Other \_\_\_\_\_



State or foreign country \_\_\_\_\_

Applied for admission (Mo/Yr) \_\_\_\_\_

☐ Failed exam

Date of examination for which you sat (Mo/Yr) \_\_\_\_\_

☐ Withdrew

Admitted or readmitted (Mo/Day/Yr) \_\_\_\_\_ Bar Number \_\_\_\_\_

☐ Other \_\_\_\_\_

**B.** Were you ever the subject of a hearing or hearings relative to bar admission?

☐ Yes ☐ No

If yes, explain fully on a separate page.

**C. Only if you are admitted to the practice of law in the STATE OF NEW YORK, complete:**

Date of Admission \_\_\_\_\_

**Department in which you were admitted (check one):**

\_\_\_\_\_ First Department

\_\_\_\_\_ Third Department

\_\_\_\_\_ Second Department

\_\_\_\_\_ Fourth Department

**Department(s) in which you have practiced law or been employed as an attorney (check ALL that apply):**

\_\_\_\_\_ First Department

\_\_\_\_\_ Third Department

\_\_\_\_\_ Second Department

\_\_\_\_\_ Fourth Department

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- 15.** Have you ever at any time applied for (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney at law? ☐ Yes ☐ No

If yes, provide the following information about each license. *Make as many additional copies of this page as necessary.*

Type of License \_\_\_\_\_ License No. \_\_\_\_\_  
(if known)

Issue Date Mo/Yr \_\_\_\_\_ Expiration Date Mo/Yr \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_



Type of License \_\_\_\_\_ License No. \_\_\_\_\_  
(if known)

Issue Date Mo/Yr \_\_\_\_\_ Expiration Date Mo/Yr \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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- 16A.** Have you ever at any time had a business, trade or professional license denied or revoked? ☐ Yes ☐ No

If yes, explain in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B.** Have you ever permitted a business, trade or professional license to expire? ☐ Yes ☐ No

If yes, explain in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. As a member of any profession, a holder of any office or license, or as an attorney:

- A. Have there ever been any charges, complaints, or grievances (formal or informal) filed concerning your conduct? ☐ Yes ☐ No
- B. Have you ever been reprimanded, censured, suspended, disbarred, or otherwise disqualified? ☐ Yes ☐ No
- C. Have you ever been accused of or charged with fraud, perjury, misrepresentation, or false swearing in a judicial or administrative proceeding? ☐ Yes ☐ No
- D. Have you ever been involved as a party, directly or indirectly, in any disciplinary proceeding, formal or informal? ☐ Yes ☐ No
- E. Have you resigned in lieu thereof of suspension, revocation, disqualification, or disbarment? ☐ Yes ☐ No
- F. Have you ever been accused of the unauthorized practice of law in any state or jurisdiction? ☐ Yes ☐ No

If you answered yes to any of the provide:  
(Make as many additional copies of this page as necessary).

Name of the authority in possession of the records \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date \_\_\_\_\_

Detailed narrative explanation of the circumstances and the disposition of the matter: \_\_\_\_\_

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Final Disposition: \_\_\_\_\_ Date of disposition: \_\_\_\_\_

**Attach copies of the following documents:**  
**The complaint, any and all correspondence and documents relating to this matter, and the written disposition.**

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**18A.** In chronological order, account for the entire period from your twenty-first (21) birthday **or** ten years prior to today's date, whichever is shorter, with respect to periods of employment and unemployment. List **every job** you have held during this time, including self-employment, temporary or part-time employment, clerkships, internships, externships, judicial offices and military service. **Also**, list every period of time when you were unemployed, in school, studying for the bar examination, on extended vacation or seeking employment.

**For Example:** If you are 40 years old, you will provide data since age 30. If you are 26, you will provide data since age 21.

**There should be no gaps within this timeframe which are unaccounted for.**

*Make as many additional copies of this page as necessary.* Complete one copy of Form 1 for each job listed in Question 18A.

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Firm/ employer/activity \_\_\_\_\_

**B.** Complete one copy of **FORM 1** for each position listed in Question 18A - **available at end of application.**

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19. Were you ever discharged or have you ever resigned from any employment listed in question 18A after being told that your conduct or work was unsatisfactory?

☐ Yes ☐ No

If yes, provide the following:

Name of employer \_\_\_\_\_

Current address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of discharge/resignation \_\_\_\_\_

Detailed explanation of cause and circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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20. In the course of **any employment since age 21 (regardless of current age)** have you ever been accused or charged with dishonesty, misrepresentation, misappropriation, theft, moral turpitude or the commission of a crime? Include any situation even if it did not result in discharge or resignation.

☐ Yes ☐ No

If yes, provide the following:

Name of employer \_\_\_\_\_

Current address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of discharge/resignation \_\_\_\_\_

Detailed explanation of cause and circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcome \_\_\_\_\_

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21. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

☐ Yes ☐ No

If yes, complete **FORM 2 – available at end of application.**

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22. Have you ever been a party to any type of civil action? ☐ Yes ☐ No

If yes, complete **FORM 3 – available at end of application.**

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23. Have you ever had a complaint filed against you in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, forgery or legal malpractice? ☐ Yes ☐ No

If yes, complete **FORM 3 – available at end of application.**

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24. Have you either as an adult or a juvenile, ever been served with a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for, pleaded guilty to or been convicted of, or ever been the subject of an investigation concerning the violation of any law, statute, ordinance, rule, regulation, or canon? (In answering this question, include all incidents, no matter how trivial or minor the infraction or whether guilty or not, whether expunged or not, whether you believe or were advised that you need not disclose any such instance). ☐ Yes ☐ No

If yes, complete **FORM 4 – available at end of application.**

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25. Have you ever been convicted of a felony? ☐ Yes ☐ No  
(Answer yes even if later set-aside and/or expunged)  
(Must be described on a **FORM 4**)
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26. In the last ten years, have you received any traffic citations? ☐ Yes ☐ No  
(Whether guilty or not, whether expunged or not).  
Include ALL moving violations.  
Include non-moving violations that carried a penalty of \$50 or more.

If yes, complete **FORM 5 – available at end of application.**

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- 27A. List every state or foreign country where you have been licensed to drive during the last **ten years**.

Current license:

State: \_\_\_\_\_ License #: \_\_\_\_\_ From (Yr): \_\_\_\_\_ Expires (Yr) : \_\_\_\_\_

Other license(s):

State: \_\_\_\_\_ From (Yr): \_\_\_\_\_ To (Yr): \_\_\_\_\_

State: \_\_\_\_\_ From (Yr): \_\_\_\_\_ To (Yr): \_\_\_\_\_

- B. For each driver's license listed, you must obtain a copy of your official driving record for the longest period offered by that jurisdiction and submit a copy of your official driving record with this application. You must provide a copy of each driving record even if that record shows no infractions. NOTE: Printouts from state websites are unacceptable.
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**28A.** Have you ever had a credit card revoked?

☐ Yes ☐ No

If yes, complete **FORM 6** for each revocation.

**B.** Do you have any debts, including student loans, which are more than 90 days past due?

Respond affirmatively even if the debt is barred by the statute of limitations.

☐ Yes ☐ No

If yes, complete **FORM 6** for each such debt.

**C.** Are you in default in any way in the performance or discharge of any duty or obligation imposed upon you by decree or order of any court, including alimony, maintenance and support orders and decrees?

☐ Yes ☐ No

If yes, complete **FORM 6** for each such debt.

**D.** Other than that listed under Questions 28A, B and C, have you ever failed to meet your financial obligations and/or defaulted on any debt or loan?

☐ Yes ☐ No

If yes, complete **FORM 6** for each such debt.

**FORM 6 is available at the end of application.**

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**29.** Have you ever filed a petition under any Chapter of the Bankruptcy Code?

☐ Yes ☐ No

If yes, complete **FORM 7 – available at the end of application.**

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**30.** Do you intend to file, or are you in the process of filing, a petition in bankruptcy?

☐ Yes ☐ No

Anticipated date of filing (Mo/Yr): \_\_\_\_\_ Approximate Dollar Amount: \_\_\_\_\_

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**31. Personal references.**

Give the names and addresses of three reputable and responsible persons you have known at least five years to serve as personal references. **DO NOT list any person who is related to you by blood or marriage, your present supervisors, or any person listed elsewhere in your Character Report.**

Name \_\_\_\_\_

Firm Name if applicable \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Years known \_\_\_\_\_

Check if address is:    ☐ Residence    or    ☐ Business



Name \_\_\_\_\_

Firm Name if applicable \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Years known \_\_\_\_\_

Check if address is:    ☐ Residence    or    ☐ Business



Name \_\_\_\_\_

Firm Name if applicable \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Years known \_\_\_\_\_

Check if address is:    ☐ Residence    or    ☐ Business

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**32. Legal references.**

Give the names and addresses of three attorneys who can provide information about your character. If you do not know three attorneys, check here ☐ and substitute law professors, judges or law clients. **DO NOT list any person who is related to you by blood or marriage, your present supervisors, or any person listed elsewhere in your Character Report.**

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (      ) \_\_\_\_\_ Years known \_\_\_\_\_

Check if address is: ☐ Residence or ☐ Business



Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (      ) \_\_\_\_\_ Years known \_\_\_\_\_

Check if address is: ☐ Residence or ☐ Business



Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (      ) \_\_\_\_\_ Years known \_\_\_\_\_

Check if address is: ☐ Residence or ☐ Business

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33. Is there any other information, incident, or occurrence which is not otherwise referred to in your response to this Character Report which, in your opinion, may have a bearing, either directly or indirectly, either positively or negatively, upon your ability for the active and continuous practice of law?

☐ Yes ☐ No

If yes, explain fully.

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34. Complete and submit an original notarized copy of the Authorization and Release Form, found below.

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**Declaration:**

- ◆ I have personally read and completed the foregoing Character Report and have answered all questions fully and frankly.
- ◆ I hereby declare under penalty of perjury that the answers and statements provided are true and correct.
- ◆ I agree to immediately report all material changes to the Character Report from date of filing until date of admission.
- ◆ I understand that false statements and/or omissions will raise character issues that will delay or prevent my admission.

State of \_\_\_\_\_)

County of \_\_\_\_\_)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**(Seal or stamp must be affixed)**

## AUTHORIZATION AND RELEASE

I, \_\_\_\_\_

born on \_\_\_\_\_ [birth date], in \_\_\_\_\_ [birth city],

\_\_\_\_\_[birth state], \_\_\_\_\_ [birth country],

having filed an application for admission to the bar of Arizona, hereby consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information which may be required concerning my past record. I understand that I will not receive and am not entitled to a copy of the reports or to know the contents, and I further understand that the contents of my Character Report are confidential, with the exceptions noted in Rule 37(c), Rules of the Supreme Court.

I authorize the Committee on Examinations to provide to the law school from which I graduated my test status, including attendance, withdrawal, and pass/fail. I understand that test scores will not be released to the school. I authorize the Committee on Character and Fitness to access my current credit history by necessary means.

I also authorize and request every person, company, corporation, firm, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me to furnish to the Supreme Court of Arizona and/or the National Conference of Bar Examiners (NCBE) any such information, including documents, records, bar association files regarding charges/complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Supreme Court of Arizona and/or the NCBE or any of their agents or representatives to inspect and make copies of such documents, records or other information.

I understand that the Committee on Examinations and the Committee on Character and Fitness, and its members, employees, and agents are immune from all civil liability for conduct and communications occurring in the performance of their official duties relating to the examination, character and fitness qualifications, and licensing of persons seeking to be admitted to the practice of law. Records, statements of opinion and other information regarding an applicant for admission to the bar communicated by any entity, including any person, firm, or institution, without malice, to the Committees, or to its members, employees or agents are privileged, and civil suits predicated thereon may not be instituted.

For purposes of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

I have read the foregoing document and have answered all questions fully and frankly. I hereby declare under penalty of perjury that the answers and statements provided by me in the foregoing Character Report are true and correct.

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss:  
 County of \_\_\_\_\_ )

Signature of Applicant

Date \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

**(Seal or stamp must be affixed)**

## FORM 1 / DESCRIPTION OF EMPLOYMENT

Name \_\_\_\_\_  
First Middle Last Social Security Number

Position held \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

Employer's Name \_\_\_\_\_

**Employer's address at time of employment:**

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**Employer's current name and address if not the same as above:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Type of business \_\_\_\_\_

Name of your immediate supervisor \_\_\_\_\_

Reason(s) for leaving employment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**If you are/were self-employed ☐, or if firm is now out of business ☐, provide a verifying reference\* who is not related to you by blood or marriage. Do not duplicate any person listed elsewhere in this Character Report.**

Name \_\_\_\_\_ Firm/Company \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Check if address is: ☐ Residence or ☐ Business

\*It is your responsibility to advise the verifying reference that he/she will be called upon to verify this employment.

*To be used with Question 21*

## FORM 2 / BONDING COMPANIES

Name \_\_\_\_\_  
First Middle Last Social Security Number

Name of Surety (Bonding Company) \_\_\_\_\_

Address of Surety \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Amount of money paid by Surety \$ \_\_\_\_\_

Date money paid \_\_\_\_\_

Reason for Bond \_\_\_\_\_

Detailed Explanation \_\_\_\_\_

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To be used with Questions 22 and 23

## FORM 3 / RECORD OF CIVIL ACTIONS

Name \_\_\_\_\_  
First Middle Last Social Security Number

Complete title of action \_\_\_\_\_

\_\_\_\_\_

Dated filed \_\_\_\_\_ Court file number \_\_\_\_\_

Full name(s) and address(es) of plaintiff(s) and attorney(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full name(s) and address(es) of defendant(s) and attorney(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and complete address of court involved:

Name of court \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Trial date \_\_\_\_\_ Date of final disposition \_\_\_\_\_

Describe Disposition \_\_\_\_\_

\_\_\_\_\_

Did disposition result in a judgment? ☐ Yes ☐ No

If yes, has the judgment been satisfied? ☐ Yes ☐ No

If yes, give the date the judgment was satisfied \_\_\_\_\_

If no, what amount is still owing and why? \_\_\_\_\_

\_\_\_\_\_

Attach a copy of each pleading/complaint and judgment/disposition.

To be used with Questions 24 and 25

**FORM 4 / RECORD OF CRIMINAL CASES** – This question refers to all matters meeting criteria of question during your lifetime. You must complete a FORM 4 for all instances meeting criteria of Question 24 regardless of your age at time of occurrence, including all juvenile matters.

Name \_\_\_\_\_  
First Middle Last Social Security Number

Date of incident (or time period involved) \_\_\_\_\_  
Location

City County State

Title of complaint or indictment \_\_\_\_\_

Criminal Number \_\_\_\_\_

Detailed description of incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and address of law enforcement agency involved:**

Name of law enforcement agency \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Name and complete address of court involved:**

Name of court \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date first heard \_\_\_\_\_

Charge(s) at time of arrest \_\_\_\_\_

Charge(s) at time of trial \_\_\_\_\_

Date of disposition \_\_\_\_\_

Disposition \_\_\_\_\_

Attach copies of all of the following documents:

From Law Enforcement Agency (Police): police officer's narrative report

From Court of record: complaint, indictment, disposition, plea agreement (if any), sentence (appeal, if any), and proof of satisfaction of conditions imposed.

To be used with Question 26

## FORM 5 / RECORD OF TRAFFIC CASES

**To be used for:** moving violations within the past ten years

non-moving violations which carried a penalty of \$50 or more within the past 10 years

**Note: Criminal traffic matters must be reported on Form 4.**

Name \_\_\_\_\_  
First Middle Last Social Security Number

**Date of incident (or time period involved)** \_\_\_\_\_

**Location** \_\_\_\_\_  
City County State

**Title of complaint** \_\_\_\_\_

**Traffic Number** \_\_\_\_\_

**Detailed description of incident** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and address of law enforcement agency involved:**

Name of law enforcement agency \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Name and address of court involved:**

Name of court \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Date first heard** \_\_\_\_\_

**Charge(s) at time of citation/arrest** \_\_\_\_\_

**Charge(s) at time of trial** \_\_\_\_\_

**Date of disposition** \_\_\_\_\_

**Disposition (including penalty, if any)** \_\_\_\_\_

\_\_\_\_\_



## FORM 6 / DEBTS

Name \_\_\_\_\_  
First Middle Last Social Security Number

Type of Debt: ☐ Credit Card  
☐ Charge Account  
☐ Student Loan  
☐ Other \_\_\_\_\_

Account number: \_\_\_\_\_

Date debt originated (Mo/Yr): \_\_\_\_\_

Original amount of debt: \$ \_\_\_\_\_

Current balance: \$ \_\_\_\_\_

Date of last payment (Mo/Yr): \_\_\_\_\_

Name of creditor: \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If different from above, current creditor: \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account number: \_\_\_\_\_

Detailed description of the circumstances surrounding this debt and the reason(s) for delinquency:

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Present status of this debt:

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If a balance remains, describe in detail the steps you have taken to bring the account current:

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**FORM 7 / RECORD OF BANKRUPTCY OR INSOLVENCY**

Name \_\_\_\_\_  
First Middle Last Social Security Number

**Complete title of action** \_\_\_\_\_

**Date filed** \_\_\_\_\_

**Court file number** \_\_\_\_\_

**Name and complete address of court involved:**

Name of court \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Detailed description of circumstances surrounding filing petition for bankruptcy, including your considerations for avoiding a bankruptcy filing:**

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**Date of final disposition** \_\_\_\_\_

**Disposition** \_\_\_\_\_

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Were any adversary proceedings instituted? ☐ Yes\* ☐ No

Were there any allegations of fraud? ☐ Yes\* ☐ No

Were any debts not discharged? ☐ Yes\* ☐ No

\* If yes, list them on a separate sheet of paper, and provide all related documents.

**Attach the petition for bankruptcy, schedule of indebtedness, discharge from bankruptcy order and all related pleadings.**